



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION



SITE NUMBER (to be assigned by HQ)

OH-000010143

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME

CITY OF CINCINNATI (MILL CREEK DUMP)

B. STREET (or other identifier)

3320 MILL CREEK ROAD

C. CITY

CINCINNATI

D. STATE

OHIO

E. ZIP CODE

45223

F. COUNTY NAME

HAMILTON

G. OWNER/OPERATOR (if known)

1. NAME

CITY OF CINCINNATI

2. TELEPHONE NUMBER

H. TYPE OF OWNERSHIP



1. FEDERAL



2. STATE



3. COUNTY



4. MUNICIPAL



5. PRIVATE



6. UNKNOWN

I. SITE DESCRIPTION

SAME AS B+O DUMP ALSO LISTED IN REPORT. SEE THIS LISTING FOR INFORMATION.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

ECKHARDT REPORT

K. DATE IDENTIFIED

(mo., day, &amp; yr.)

10/15/79

L. PRINCIPAL STATE CONTACT

1. NAME

DON DAY

2. TELEPHONE NUMBER

614-466-8934

## II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM



1. HIGH



2. MEDIUM



3. LOW



4. NONE



5. UNKNOWN

B. RECOMMENDATION



1. NO ACTION NEEDED (no hazard)



2. IMMEDIATE SITE INSPECTION NEEDED

a. TENTATIVELY SCHEDULED FOR:



3. SITE INSPECTION NEEDED

a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:



4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME

DON MARSHALL

2. TELEPHONE NUMBER

513-461-4670

3. DATE (mo., day, &amp; yr.)

5/8/80

## III. SITE INFORMATION

A. SITE STATUS



1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)



2. INACTIVE (Those sites which no longer receive wastes.)

3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?



1. NO



2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

E. ARE THERE BUILDINGS ON THE SITE?



1. NO



2. YES (specify):

US EPA RECORDS CENTER REGION 5



421332

Continue On Reverse

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input type="checkbox"/> X	A. TRANSPORTER	<input type="checkbox"/> X	B. STORER	<input type="checkbox"/> X	C. TREATER	<input type="checkbox"/> X	D. DISPOSER
<input type="checkbox"/>	1. RAIL	<input type="checkbox"/>	1. PILE	<input type="checkbox"/>	1. FILTRATION	<input type="checkbox"/>	1. LANDFILL
<input type="checkbox"/>	2. SHIP	<input type="checkbox"/>	2. SURFACE IMPOUNDMENT	<input type="checkbox"/>	2. INCINERATION	<input type="checkbox"/>	2. LANDFARM
<input type="checkbox"/>	3. BARGE	<input type="checkbox"/>	3. DRUMS	<input type="checkbox"/>	3. VOLUME REDUCTION	<input type="checkbox"/>	3. OPEN DUMP
<input type="checkbox"/>	4. TRUCK	<input type="checkbox"/>	4. TANK, ABOVE GROUND	<input type="checkbox"/>	4. RECYCLING/RECOVERY	<input type="checkbox"/>	4. SURFACE IMPOUNDMENT
<input type="checkbox"/>	5. PIPELINE	<input type="checkbox"/>	5. TANK, BELOW GROUND	<input type="checkbox"/>	5. CHEM./PHYS. TREATMENT	<input type="checkbox"/>	5. MIDNIGHT DUMPING
<input type="checkbox"/>	6. OTHER (specify):	<input type="checkbox"/>	6. OTHER (specify):	<input type="checkbox"/>	6. BIOLOGICAL TREATMENT	<input type="checkbox"/>	6. INCINERATION
					7. WASTE OIL REPROCESSING	<input type="checkbox"/>	7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY	<input type="checkbox"/>	8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1 UNKNOWN    ☐ 2. LIQUID    ☐ 3. SOLID    ☐ 4. SLUDGE    ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4. RADIOACTIVE    ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC    ☐ 7. REACTIVE    ☐ 8. INERT    ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input type="checkbox"/> X (1) PAINT, PIGMENTS	<input type="checkbox"/> X (1) OILY WASTES	<input type="checkbox"/> X (1) HALOGENATED SOLVENTS	<input type="checkbox"/> X (1) ACIDS	<input type="checkbox"/> X (1) FLYASH	<input type="checkbox"/> X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

## WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

V

SITE NUMBER (to be assigned by HQ)

OH-00020148

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME

B+O DUMP

B. STREET (or other identifier)

BECKMAN &amp; SPRINGROVE

C. CITY

CINCINNATI

D. STATE

OHIO

E. ZIP CODE

F. COUNTY NAME

HAMILTON

G. OWNER/OPERATOR (if known)

1. NAME

CITY OF CINCINNATI

2. TELEPHONE NUMBER

H. TYPE OF OWNERSHIP

☐

1. FEDERAL

☐

2. STATE

☐

3. COUNTY

☒

4. MUNICIPAL

☐

5. PRIVATE

☐

6. UNKNOWN

I. SITE DESCRIPTION

CITY DISPOSED OF INCINERATOR ASH AND BULK WASTE SUCH AS APPLIANCES AND DEMOLITION. CLOSED IN 1973.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

ECKHARDT REPORT

K. DATE IDENTIFIED

(mo., day, &amp; yr.)

10/15/79

L. PRINCIPAL STATE CONTACT

1. NAME

DON DAY

2. TELEPHONE NUMBER

614-466-8934

## II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐

1. HIGH

☐

2. MEDIUM

☒

3. LOW

☐

4. NONE

☐

5. UNKNOWN

B. RECOMMENDATION

☒

1. NO ACTION NEEDED (no hazard)

☐

2. IMMEDIATE SITE INSPECTION NEEDED

a. TENTATIVELY SCHEDULED FOR:

☐

3. SITE INSPECTION NEEDED

a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☐

4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME

DON MARSHALL

2. TELEPHONE NUMBER

513-461-4670

3. DATE (mo., day, &amp; yr.)

5/8/80

## III. SITE INFORMATION

A. SITE STATUS

☐

1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☒

2. INACTIVE (Those sites which no longer receive wastes.)

☐

3. OTHER (specify):

(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒

1. NO

☐

2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

8 acres

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

E. ARE THERE BUILDINGS ON THE SITE?

☒

1. NO

☐

2. YES (specify):

## CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and methods relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT	X	2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDDY DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

CITY OF CINCINNATI INCINERATED MUNICIPAL WASTE IN INCINERATOR AND LANDFILLED RESIDUE ALONG WITH BULK MATERIAL THEY COULD NOT BURN SUCH AS APPLIANCES AND DEMOLITION. NO KNOWN HAZARDOUS WASTE WAS EVER DISPOSED ON SITE. SITE CLOSED 1973.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☒ 10. OTHER (specify): RELATIVELY INERT FOR INCINERATOR RESIDUE

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

NO

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	<input checked="" type="checkbox"/> (6) OTHER (specify): INCINERATOR RESIDUE BULK WASTE SUCH AS APPLIANCES, DEMOLITION	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

## V. WASTE RELATED INFORMATION (continue)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

MAY HAVE TAKEN QUANTITIES OF UNKNOWN INDUSTRIAL LIQUIDS AND  
SLUDGES.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

SITE WAS PRIMARILY USED FOR INCINERATOR RESIDUE & BULK MUNICIPAL WASTE. IF  
ANY INDUSTRIAL WASTE WAS LANDFILLED HERE IT WAS VERY SMALL AMOUNT.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE OPERATED BEFORE PERMITS REQUIRED IN 1969.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify): SOLID WASTE DISPOSAL LICENSE  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER    FILED 1969-1973  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☒ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): ~~SPCC~~ SITE CLOSED

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.